

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

08

17

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		581209.30
(b) Cash on Hand at Beginning of Reporting Period.....	417108.90	
(c) Total Receipts (from Line 19)	23059.03	349958.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	440167.93	931167.93
7. Total Disbursements (from Line 31)	0.00	491000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	440167.93	440167.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	6		

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15997.02

189034.30

(ii) Unitemized

2062.01

18424.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

18059.03

207458.63

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

142500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

23059.03

349958.63

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

23059.03

349958.63

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

23059.03

349958.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	488000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	3000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	491000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	491000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23059.03	349958.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23059.03	349958.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Jerry D Davis

Mailing Address 7224 Massey Road

City
GranburyState
TXZip Code
76049-2230FEC ID number of contributing
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	6		

Transaction ID : 73043573

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Cary Wright

Mailing Address 3323 Shellbrook Cr

City
ArlingtonState
TXZip Code
76016-2064FEC ID number of contributing
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	6		

Transaction ID : 73043574

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Mark Bigsby

Mailing Address 1027 Belmont Drive

City
KennedaleState
TXZip Code
76060-5617FEC ID number of contributing
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Senior Vice President & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	6		

Transaction ID : 73043575

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Linda Huens

Mailing Address 2817 Park Drive

City

Arlington

State

TX

Zip Code

76016-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Vice President, Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : 73043576

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Mark E Williams

Mailing Address 416 Crestview Drive

City

Grapevine

State

TX

Zip Code

76051-3571

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Vice President, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : 73043577

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Lenay D. Pacheco

Mailing Address 112 CR 4884

City

Boyd

State

TX

Zip Code

76023-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Vice President, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : 73043578

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gary T. Huffman

Mailing Address 187 Congress Run Road

City State Zip Code
 Cincinnati OH 45215-5001

FEC ID number of contributing federal political committee.

C

Name of Employer
 Ohio National Life Insurance Company P

Occupation
 President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : 73043580

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cynthia Tidwell

Mailing Address 230 16th St

City State Zip Code
 Rock Island IL 61201-8608

FEC ID number of contributing federal political committee.

C

Name of Employer
 Royal Neighbors of America

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 14 / 2016

Transaction ID : 73043985

Amount of Each Receipt this Period

576.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sally A Murphy

Mailing Address 230 16th St

City State Zip Code
 Rock Island IL 61201-8608

FEC ID number of contributing federal political committee.

C

Name of Employer
 Royal Neighbors of America

Occupation
 General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 14 / 2016

Transaction ID : 73046703

Amount of Each Receipt this Period

115.44

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5692.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR1156427149073

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Mandana Parsazad

Mailing Address 1914 Horse Shoe Drive

City State Zip Code
Vienna VA 22182-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR1481799849073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Scott E. Smith

Mailing Address 19 Cardinal Way

City State Zip Code
South Windsor CT 06074-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR1503555349073

Amount of Each Receipt this Period

65.01

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

215.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David Ficca

Mailing Address 10075 Red Run Blvd

City	State	Zip Code
Owings Mills	MD	21117-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR1618052349073

Amount of Each Receipt this Period

57.69

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen F. KiernanMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR1728112749073

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Ms. Carolyn C. CobbMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1713.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR1821819649073

Amount of Each Receipt this Period

244.80

☐ Memo Item

P/R Deduction (\$122.40 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

462.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Honora Dirk A. KempthorneMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR1871324549073

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Lisa SmithMailing Address 800 North Magnolia Ave.
Suite 1400

City	State	Zip Code
Orlando	FL	32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR1871488849073

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Brian WaidmannMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR1872428349073

Amount of Each Receipt this Period

400.00

☐ Memo Item

P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

856.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Peter J. Bautz

Mailing Address 101 Constitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2016

Transaction ID : PR1903849849073

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Anita Peduzzi

Mailing Address 101 Constitution Avenue
 Suite 700 W

City State Zip Code
 Washington DC 20001-2146

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2016

Transaction ID : PR1978714949073

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Joshua T. Mauthe

Mailing Address 2210 12th St NW

City State Zip Code
 Washington DC 20009-4404

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2016

Transaction ID : PR1978715649073

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

163.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Seaver J. J Sowers

Mailing Address 101 Constitution Avenue NW

City State Zip Code
 Washington DC 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Council of Life Insurers

Occupation
 Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : PR2018796049073

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mariana E. E GomezMailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Council of Life Insurers

Occupation
 Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : PR2122881849073

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Emily C. C MicaleMailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Council of Life Insurers

Occupation
 Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : PR2122882049073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Szostek

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR2122891049073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ian F. F Steger

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Legislative Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR2160513749073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Bruce Friedland

Mailing Address 200 Day Hill Road

City State Zip Code
Windsor CT 06095-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vantis Life Insurance Company

Occupation
SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR2285776949073

Amount of Each Receipt this Period

65.01

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Kelly

Mailing Address 10 East Tomstead Road

City

Simsbury

State

CT

Zip Code

06070-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

AVP Life Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1		2	0	1	6		

Transaction ID : PR2285777049073

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Gail Lataille

Mailing Address 256 Stanley Dr

City

Glastonbury

State

CT

Zip Code

06033-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP & Treasurer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

281.71

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1		2	0	1	6		

Transaction ID : PR2285777149073

Amount of Each Receipt this Period

65.01

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Craig Simms

Mailing Address 200 Day Hill Road

City

Windsor

State

CT

Zip Code

06095-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

281.71

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1		2	0	1	6		

Transaction ID : PR2285777749073

Amount of Each Receipt this Period

65.01

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.02

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Tedone

Mailing Address 32 Lincoln Lane

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2285778849073

Amount of Each Receipt this Period

65.01

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Howard M. M. BardMailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President Taxes & Retirement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2348687149073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Regina Y. Y. RoseMailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President Taxes & Retirement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2348687249073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry D. D. BurtonMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2348687349073

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Rodney A. PerkinsMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2352660549073

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Katherine E. TrinidadMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Communications & Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2414517849073

Amount of Each Receipt this Period

208.34

☐ Memo Item

P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2630.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 31 2016

Transaction ID : PR771358249073

Amount of Each Receipt this Period

375.80

☐ Memo Item

P/R Deduction (\$187.90 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 31 2016

Transaction ID : PR771362449073

Amount of Each Receipt this Period

123.00

☐ Memo Item

P/R Deduction (\$61.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 31 2016

Transaction ID : PR771365449073

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

558.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2281.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771373249073

Amount of Each Receipt this Period

325.94

☐ Memo Item

P/R Deduction (\$162.97 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771374049073

Amount of Each Receipt this Period

184.00

☐ Memo Item

P/R Deduction (\$92.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771374349073

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

539.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. C. Bryan CoxMailing Address 101 Constitution Avenue, NW
Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR771376849073

Amount of Each Receipt this Period

61.94

☐ Memo Item

P/R Deduction (\$30.97 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John W. Mangan CEBSMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR771377149073

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Paul S. S. Graham IIIMailing Address 101 Constitution Avenue NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Insurance Regulation & Chief Actu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR771412649073

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

301.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1498.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771419349073

Amount of Each Receipt this Period

214.00

☐ Memo Item

P/R Deduction (\$107.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771421049073

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771421149073

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

354.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 31 / 2016

Transaction ID : PR771423249073

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John P. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 31 / 2016

Transaction ID : PR771428749073

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.13

Date of Receipt

07 / 31 / 2016

Transaction ID : PR771428949073

Amount of Each Receipt this Period

287.16

☐ Memo Item

P/R Deduction (\$143.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1526.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771444349073

Amount of Each Receipt this Period

218.08

☐ Memo Item

P/R Deduction (\$109.04 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771444949073

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Andrew M. Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : PR771445849073

Amount of Each Receipt this Period

43.90

☐ Memo Item

P/R Deduction (\$21.95 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

301.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2016

Transaction ID : PR771449649073

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.20

Date of Receipt

07 / 31 / 2016

Transaction ID : PR771450149073

Amount of Each Receipt this Period

36.60

☐ Memo Item

P/R Deduction (\$18.30 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

07 / 31 / 2016

Transaction ID : PR805149149073

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

553.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Wayne A. Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2016

Transaction ID : PR904819549073

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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50.00

15997.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ohio National Financial Services Inc. PAC

Mailing Address One Financial Way

City State Zip Code
 Cincinnati OH 45242

FEC ID number of contributing
federal political committee.

C C00296657

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **22** / **2016**

Transaction ID : 73043581

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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5000.00

5000.00